The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Advanced Care (NI) Ltd

Provider: Advanced Care (NI) Ltd

Date of Inspection: 13 January 2026

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Advanced Care (NI) Ltd
Responsible Person:	Mr Niall Smyth
Registered Manager:	Ms Denise Bryans

Service Profile –

Advanced Care (NI) Ltd is a domiciliary care agency based in Lisburn, which provides personal care, practical and social support, and sitting services to 162 people living in their own homes. Service users have a range of needs. The agency has their services commissioned by the South Eastern Health and Social Care Trust (SEHSCT) and the Belfast Health and Social Care Trust (BHSCT).

2.0 Inspection summary

An unannounced inspection took place on 13 January from 10.00am to 2.30pm. A care inspector conducted the inspection.

The last care inspection of the agency was undertaken on 4 March 2025 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective, compassionate care was delivered to service users, and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

Good practice was identified in relation to service user involvement and engagement and training compliance.

No areas for improvement have been identified.

We thank the manager, service users and staff for their support and co-operation during the inspection process

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included the registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

3.2 What people told us about the service and their quality of life

Throughout and following the inspection the RQIA inspector will seek to speak with service users, their relatives and staff for their opinions on the quality of the care and support, their experiences of using, visiting or working in this agency.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans. The information provided indicated that there were no concerns in relation to the agency.

Comments from staff and service users and their relatives were very positive. Service users mentioned that staff were pleasant and that they treated them very well. A relative said that they were very satisfied with the care provided and described their "great empathy and kindness" Staff spoken with were very happy in their roles and described a supportive management team. They confirmed they would have no hesitation in reporting poor practice.

3.3 Inspection findings

3.3.1 What are the systems in place for identifying and addressing risks?

The inspector reviewed the agency's provision for the welfare, care and protection of service users was. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. There was an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that she was knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns. Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing. The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations; the manager discussed outcomes of investigations and actions taken to ensure staff learning and service user safety and dignity in respect of an enhanced package of care being provided.

The agency provided staff with training appropriate to the requirements of their role. The manager advised that there were service users who required assistance with moving and handling. Care plans for these service users clearly identified the name of equipment required for their care. A review of care records identified that risk assessments and care plans were up to date. The agency had undertaken care reviews in keeping with its policies and procedures.

The agency had provided staff with training in relation to medicines management. The manager advised that all staff complete medication management training and that this followed up with regular spot checks by agency staff. All staff had recently updated fire awareness training and plans were in place to enhance fire risk assessment within the environmental risk assessment of service users' homes.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and receive help to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users was subject to DoLS.

3.3.2 Care delivery and care records

From reviewing service users' records and through contacts with service users and relatives it was good to note that service users had an input into devising their care plans. The service users care records contained details about their likes and dislikes and the level of support they may require. Where service users are unable to voice their opinions the agency works with relatives and the commissioning trust to ensure best interests are served.

Care plans were in place to direct staff on how to meet the service users' needs. Some service users were assessed by Speech and Language Therapy (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

There was a system in place for identifying any missed calls; this included spot checks on staff practice, regular contact with service users and their relatives; and regular auditing of the daily notes completed by the care workers. See section 3.3.4 for information regarding a planned live check-in/check-out system, for staff to use on arrival and on leaving service users' homes.

3.3.3 Staffing and recruitment practices.

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

All newly appointed staff complete a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a structured three-day induction programme which also included shadowing of a more experienced staff member.

The agency maintains a record for each member of staff of all training, including induction and professional development activities undertaken. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers deployed within the agency.

3.3.4 Managerial oversight and Governance

The agency had monthly monitoring arrangements in place in compliance with regulations. The inspector reviewed the reports and confirmed that these included engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of the care records of service users; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. The inspector noted that the provider's address was recorded differently on the monthly monitoring reports. Following the inspection the inspector received confirmation that this issue had been addressed. The unique identifiers used within the monitoring reports were slightly different to those used to record incidents; the manager agreed to address this matter and it will be reviewed at a future inspection.

RQIA is aware of a Serious Adverse Incident (SAI) which was investigated by the South Eastern Health and Social Care Trust (SEHSCT). This matter and the recommendations from the investigations and report into the incident were discussed during and following the inspection. The manager and a Trust representative confirmed that appropriate actions to drive the required improvements were initiated or planned and provided reassurances and evidence in respect of this. These actions included introducing a live call monitoring system, which is currently being piloted by the agency and plans are in place to introduce this more widely in February 2026.

Whilst RQIA is satisfied that some measures have been put in place to reduce the risk of recurrence, these matters will be reviewed at future inspection to ensure that any recommendations are embedded into practice.

The agency's registration certificate was up to date and displayed appropriately. The inspector viewed the certificate of insurance for the agency and confirmed that this was current.

There was a system in place to ensure that the agency managed complaints in accordance with its policy and procedure. The manager reported that the agency had received one complaint since the last inspection. The inspector confirmed that this had been managed appropriately and gave advice on ensuring all records of actions taken were also filed appropriately.

The manager confirmed that the agency reviewed complaints monthly as part of the monthly quality monitoring process.

There was a system in place to ensure that agency staff retrieved records from discontinued packages of care in keeping with the agency's policies and procedures.

Where staff are unable to gain access to a service user's home, there is a system in place that clearly directs agency staff as to what actions they should take to manage and report such situations in a timely manner.

The inspector reviewed records of regular staff supervision. Examination of supervision records indicated that the agency carried these out regularly as per its policies and procedures.

5.0 Quality Improvement Plan/Areas for Improvement

The inspector did not identify any areas for improvement during this inspection. The inspector discussed the findings of the inspection with Mrs. Denise Bryans (Registered Manager), as part of the inspection process. These can be found in the main body of the report.

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